

**LOBBYING SUPPLEMENTAL REGISTRATION FORM**

To be used for changes to registrations and terminations.

Lobbyist's Registration Number

**Instructions**

- Print in ink or type.
- Complete form and return with \$10 fee to Board of Ethics, 8401 United Plaza Blvd., Suite 200 Baton Rouge LA 70809-7017, (225) 922-1400 or (800) 842-6630.
- This form must be submitted within 5 days of any changes in your registration form, to add employers or those you represent, or if you cease all activities requiring registration. It must be submitted within 10 days of any terminations of employment or representations.

1. NAME Harris, Jim P.  
Last First MI2. BUSINESS PHONE (225) 344-03813. BUSINESS ADDRESS 307 France Street Baton Rouge, LA 70802  
Street and No. City State ZipMAILING ADDRESS same  
Street and No. City State Zip4. EMPLOYER Harris, Deville & Associates, Inc.5. EMPLOYER'S ADDRESS same  
Street and No. City State Zip6. Have you ceased or terminated all lobbying activities requiring registration? Yes No XX

7. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or eliminating; (b) the address of each such person, group, or organization listed; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby; and (e) the date of termination if applicable.

1. Name Solutions through ScienceAddress 7377 Hwy 3124 Convent, LA 70723Business or purpose issud advocacy☒ New Representation  
Does this person pay you? yes

If No, who pays you? \_\_\_\_\_

☐ Terminated Representation as of \_\_\_\_\_**FOR OFFICE USE ONLY**Postmark Date: 1-20-00

1000240

**HAND DELIVERED**

SUPPLEMENTAL REGISTRATION FORM

Lobbyist's Registration Number

2. Name \_\_\_\_\_

Address \_\_\_\_\_

Business or purpose \_\_\_\_\_

☐ New Representation  
Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

☐ Terminated Representation as of \_\_\_\_\_

3. Name \_\_\_\_\_

Address \_\_\_\_\_

Business or purpose \_\_\_\_\_

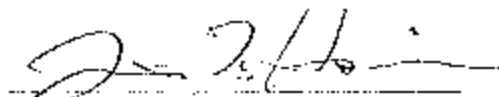
☐ New Representation  
Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

☐ Terminated Representation as of \_\_\_\_\_

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.] has been deliberately omitted.

  
Signature of Lobbyist